

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Title:: Combined PET and X-ray CT Tomograph

Attorney Docket Number:: 25339.02

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2a

Total Drawing Sheets:: 6

Small Entity:: No

Petition Included:: No

Petition Type::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	UK
Status::	Full Capacity
Given Name::	David W.
Family Name::	Townsend
Name Suffix::	
City of Residence::	Pittsburgh
State or Province of Residence::	PA
Country of Residence::	
Street of Mailing Address::	44 Fox Pointe Drive
City of Mailing Address::	Pittsburgh
State or Province of Mailing Address::	PA
Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	15238

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ronald
Family Name::	Nutt
Name Suffix::	
City of Residence::	Knoxville
State or Province of Residence::	TN
Country of Residence::	
Street of Mailing Address::	2121 Lake Point Drive
City of Mailing Address::	Knoxville
State or Province of Mailing Address::	TN
Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	37922

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22465
Phone Number:: 865-584-0105
Fax Number:: 865-584-0104
E-Mail Address:: jncutler@pitts-brittian.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	22465	
----------------------------------	-------	--

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/167,837	06/12/2002
10/167,837	Continuation-in-part of	09/685,222	10/102000
09/685,222	An application claiming the benefit under 35 USC 119(e)	60/159,395	10/14/1999

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::

ASSIGNMENT INFORMATION

Assignee Name:: CTI PET Systems, Inc.
Street of Mailing Address:: 810 Innovation Drive
City of Mailing Address:: Knoxville
State or Province of Mailing Address:: TN
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 37923